

Scholarship Guidelines

In order	to qualify for the 2021-22 DeBartolo Family Foundation Scholarship, all applicants MUST:			
	Be a current high school senior, Class of 2022, in Florida's Hillsborough, Pasco, Pinellas or Polk			
	counties.			
	Have plans to continue his or her education at a University, Community College or Technical			
	School starting in summer or fall of 2022.			
	Charlist for Submission			
	Checklist for Submission			
	Completed and signed DeBartolo Family Foundation Scholarship Application.			
	Principal, Vice Principal or Guidance Counselor Signature or completed form directly emailed.			
	Maximum 250 word essay, summarizing personal and academic achievements.			
	Page 1 of applicant's parent or legal guardian's Federal Income Tax Returns from th			
	previous <u>TWO</u> years. Please <u>DO NOT</u> send applicant's W-2 forms, as these are not a			
	representation of overall household income. If your parent or legal guardian has no income,			
	please supply proof of benefits in lieu of tax returns. (social security numbers can be			
	blacked out)			
	Mail COMPLETED scholarship application including essay and required parental/legal			
	guardian tax information postmarked by April 1, 2022 to: DeBartolo Family Foundation, Attn:			
	Judy Bragdon, 3820 Northdale Blvd., Suite 100B, Tampa, FL 33624. Incomplete applications			
	will not be considered!			
	PLEASE DO NOT send applicants photos, awards, grades, transcripts, additional references or			
	letters of recommendation. These items will be discarded and will have no impact on scholarship			
	recipients.			

Decisions

All final scholarship authority resides with the Board of Directors of the DeBartolo Family Foundation.

Applicants will be notified by mail with the status of their application.

Scholarship Application: For current high school seniors, Class of 2022, in Florida's Hillsborough, Pasco, Pinellas or Polk counties attending college in Fall of 2022 as a first time college student.

Please type or print. All portions of this application must be completed.

Applicant Name First:	Middle:		Last:	
Address:	City: _		State:	_ Zip:
Telephone: (Birth date: _		SS #:	
Cell Phone: (Email:			
High School Attended:	St	art Date:	Diploma d	late:
School Address:	City	y:	State:	Zip:
Date you plan to enter college: Student's employment history:				
What other scholarships have you receivamount. (Indicate if it is a one-time scholarship		parate sheet if necess	sary)	along with dollar Amount Received
	olarship or annual. Use sep	Amount App	sary) plied for	Amount Received
amount. (Indicate if it is a one-time scho	olarship or annual. Use sep Annual Yes/No	Amount App	sary) plied for	Amount Received
amount. (Indicate if it is a one-time school Name of Scholarship	olarship or annual. Use sep Annual Yes/No — — — — — —	Amount App \$ \$	sary) plied for	Amount Received \$ \$
Name of Scholarship	olarship or annual. Use sep Annual Yes/No — — — — — —	Amount App \$ \$ \$	sary) plied for	Amount Received
Name of Scholarship	Annual Yes/No Annual Yes/No otal scholarship mon	Amount App \$ \$ \$	sary) plied for	Amount Received \$ \$ \$
Name of Scholarship To	Annual Yes/No Annual Yes/No Annual Yes/No Annual Yes/No Annual Yes/No Annual Yes/No	Amount App \$ \$ \$	sary) plied for	Amount Received \$ \$ \$ \$ \$ \$
Name of Scholarship To List other children in your family below	Annual Yes/No Annual Yes/No Annual Yes/No Annual Yes/No Annual Yes/No Annual Yes/No	Amount App \$ \$ s ies received to conding College?	sary) plied for late Planning to A	Amount Received \$ \$ \$ \$ \$ \$

FAMILY INFORMATION

Name of parent(s) or guardian:		
Address:	City:	State:Zip:
Address if different from Applicant		
Telephone: (
Father's Employer:		Work Phone: ()
Position/Title:		Cell Phone: ()
Email:		
Address:	City:	State: Zip:
Mother's Employer:		Work Phone: ()
Position/Title:		Cell Phone: ()
Address:	City:	State: Zip:
Email:		
Total household annual income: \$		
Please attach page 1 of your parent or	guardian's <u>Feder</u>	al Income Tax Returns from the previous
TWO years. Application W	<mark>ILL NOT</mark> be consi	dered without this information.
COLLEGE PLANS		
Indicate below the college(s) you would like to att Colleges:	end or have applied to Accep Yes/	oted
Course of study you plan to follow (show first and	I second choices):	
1		
2		

ESSAY

In 250 words or less, please provide a brief sur good candidate for a scholarship. Be sure to in training/part-time work. (Attach a separate she	clude your experiences in extra-curricu	chievements and why you feel you are a lar activities, community service, and job
CERTIFICATION		
CERTIFICATION		
I certify that I am a U.S. citizen or lawful perm senior in good standing. All requested tax form correct to the best of my knowledge.) and am currently a high school information I have submitted is true and
Applicant Signature	Date	
Parent or Guardian Signature (If applicant is under 18 year	rs of age) Date	

REFERENCES:

This part should be completed only after you have completed ation or emailed by your counselor or principal.
State Zip
tudents.
evelopment, conduct and leadership?
ties? If so, please explain.
holarship consideration?
best of my knowledge. I also certify that the data related to t. Application Checklist
Completed Application, Signed by Student and/or Guardian (Pages 1- 3) Guidance Counselor Signature (Page 4)
Copy of Federal Income Tax Return (Page 1 of Tax Form) from the last <u>TWO</u> years. Completed Essay
1 h

Application & all required attachments must be postmarked TOGETHER by:
April 1, 2022 to:

DeBartolo Family Foundation Attn: Judy Bragdon 3820 Northdale Blvd., Suite 100B Tampa, FL 33624 813-676-9280